

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Utter County EMS
6440 Highway 84
Evergreen, AL 36401
Camp 2nd St

Article Number
(Transfer from service label)

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marybeth Powell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Marybeth Powell

C. Date of Delivery

8/13/07

D. Is delivery address different from item 1?

☐ Yes

☐ No

If YES, enter delivery address below:

CV-2:06-717-ID

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2150 0005 2649 5084

102595-02-M-1540

Domestic Return Receipt